

# NATIONAL Assessment Centre Services.

[Part 1 Jan 09]

SM 0920 CQ 000A

Date In: 26/12/20 14:40	Job description	Date & Time Completed	Done by
Ref No: NA/INC 20014493/164	SAS e-filing		
Veh No: GBF 36852	E-mail (within 3hrs, A/C 2hrs)		
DDA: 24/12/20 14:35	I-Motor Claim Form	MT/1115065 <sup>001</sup>	26/12/20 16:34
Q1: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel: \*

Fax: )

TP Particulars:

Veh No:

Gx 1594 L.

INC ( ) / Non-INC ( )

Owner / Driver: (

Tel: )

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date: )

Time: )

Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )

## GENERAL REMARKS:

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

## REMARKS:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time:

Actions:

NA2100778

Comments/Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref. 1:

2 / 3

## Invoice/Particulars/Checklist

1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100);	INC (\$30)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (wef 10 Jan 2009)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
Q1:			
*N5: Courtesy Car / Tpt Allowance	\$3		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$3		
TP (Nil): TP (Non INC) against INC	\$20		
9) N12: Idao Mobile	\$0		

Invoice dated

Fee Charged

Fee Charged

30



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission ..... 26/12/2020 14:40 (SGT)  
Date of Accident ..... 24/12/2020 14:35 (SGT)  
Exact Location of Accident ..... Bishan Street 21, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF3685Z

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... VYY PTE. LTD.  
Company Reg No ..... 2XXXXX502N  
Email Address ..... JENNY@VYY.COM.SG  
Mobile Phone No ..... (Phone) +65-96173225  
Alternative Phone No ..... +65-96173225

#### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv200  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5109460616-01  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... TAN ENG JENNY (CHEN YING, JENNY)  
NRIC No ..... SXXXX002J  
Date Of Birth ..... 03/10/1979  
Occupation ..... Outdoor

Date Of Driving Pass .....	28/09/2004
Driving experience .....	16 YEARS AND 3 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98589388
Alt. Phone Number .....	-
Email Address .....	JENNY@VYY.COM.SG
Address .....	BLK 129 RIVERVALE ST #08-854
Address complement .....	-
Postcode .....	540129
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GX1594L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	(Phone) +65-85189059
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-



Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	TAN ENG JENNY (CHEN YING, JENNY)
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	GBF3685Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

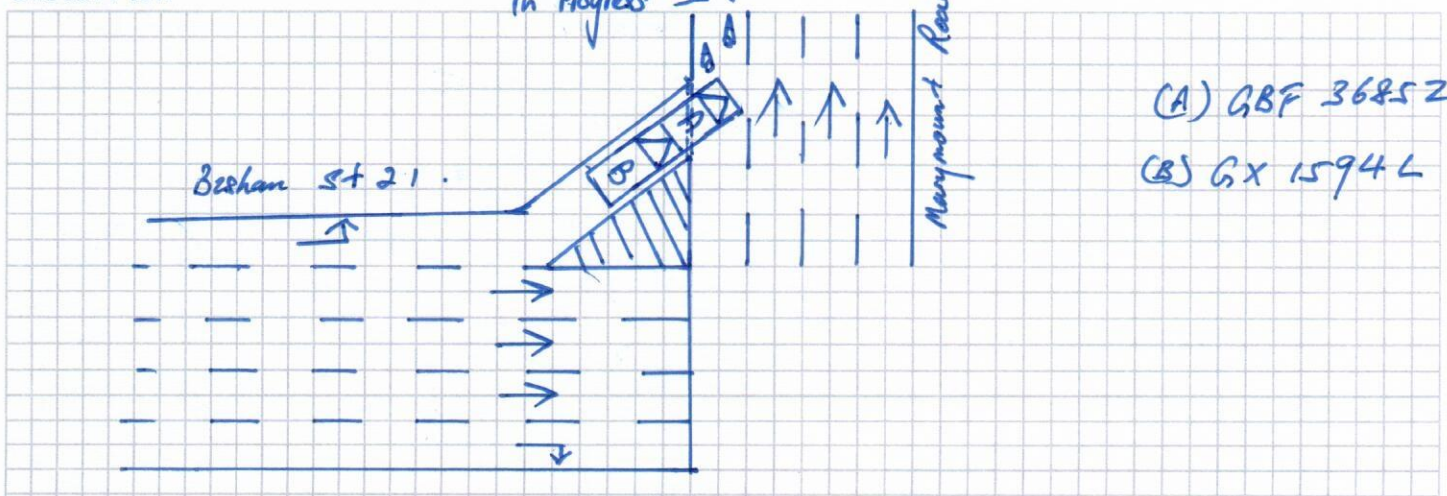
**VYY** VYY PTE LTD  
CO./GST NO.: 280903502N  
BLK 1078 EUNOS AVE 6  
#01-168 SINGAPORE 409804  
TEL: 6747 8880 FAX: 6747 0000  
www.vyy.com.sg

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan





**Describe Circumstances of the Accident**

On 24/12/2020 at @ 14.35 hrs, I was travelling in my vehicle (GBF 36852) along Bishun Street 2' slip road into Marymount Road. I stopped at the said slip road to give way to the traffic on the main road and there was a road work going on the left lane. Suddenly, a van (GX 15946) from behind collided onto the rear portion of my vehicle.

**Declaration**

I/We declare the foregoing particulars are true in every respect.



**VYY PTE LTD**  
CO./GST NO.: 260903502N  
BLK 1078 EUNOS AVE 6  
#01-168 SINGAPORE 409634  
TEL: 6747 8880 FAX: 6747 8880  
WWW.VYY.CO





Hello, NAC\_PAYA\_UBI\_800601

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## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="24/12/2020 14:32"/>
Vehicle No.(For Motor)	<input type="text" value="GBF3685Z"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109460616-01	5109460616-01-000007	VYY PTE. LTD.	200903502N	GFM	Comprehensive	GBF3685Z	GBF3685Z	25/05/2020	24/05/2021



VEHICLE NO:	GBF 3685Z		MAKE & MODEL:	Nissan NV200		AUTO / MANUAL
DATE OF ACCIDENT:	24/12/2020		CC:	1597		
TIME OF ACCIDENT:	1435 HRS					
LOCATION OF ACCIDENT:	Bukit St 21 slip road into Marymount Road					
EXACT PURPOSE USED AT TIME OF ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	VYY Pte Ltd.					
TEL NO:	H/P: 96173225		OFFICE:	HOME:		
NRIC:	200903502N					
ADDRESS:	BLK 1078 Euros Ave 6 #01-168 (S) 409634					
EMAIL:	-					
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / NO ?					
INSURANCE COMPANY:						
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:						
NAME OF DRIVER:	AS ABOVE / IF NO: Tan Eng, Jenny					
NRIC:	S 79300027		ANY PASSENGER:	N.A.		
DATE OF BIRTH:	03/10/1979		LICENCE PASSED DATE:	28/09/2004		
OCCUPATION:	OUTDOOR / INDOOR					
GENDER:	MALE / FEMALE					
CONTACT NO:	H/P: 9858 9388		OFFICE:	HOME:		
ADDRESS:	BLK 129 Riverside St #08-854 (S) 540129					
EMAIL:	jenny@vyy.com.sg					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:					
RELATIONSHIP:	INSURER / OTHER: Employee					
WEATHER CONDITION N:	CLEAR / RAINING / OTHERS:					
ROAD SURFACE:	DRY / WET / OTHER:					
ANY INJURIES:	NO / IF YES, WHO?					
NAME & CONTACT:	Tan Eng, Jenny (H/P: 9858 9388)					
NAME & CONTACT:						
POLICE REPORT:	NO / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?					
VEHICLE B REG NO:	GX 1594L		ANY PASSENGERS:	N.A.		
NAME OF DRIVER:	Mateo Danilo Landayan		CONTACT NO:	8518 9059 / 9668 8724		
VEHICLE C REG NO:	ANY PASSENGERS:					
VEHICLE D REG NO:	ANY PASSENGERS:					
VEHICLE E REG NO:	ANY PASSENGERS:					
VEHICLE F REG NO:	ANY PASSENGERS:					
VEHICLE G REG NO:	ANY PASSENGERS:					
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:					
WAS THERE ANY VIDEO CAPTURE?	YES / NO					
WAS THERE ANY AUDIO RECORDED?	YES / NO					
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO					
ACCIDENT PORTION:	Rear Portion					
WORKSHOP PARTICULAR:	N-51					
CONTACT NO:	68420051 / 67440510					



Transaction ref 20160929145430380227

The owner and vehicle particulars for Vehicle No. GBF3685Z as at 29 Sep 2016 are as follows:

1.	Name	: VYY PTE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 200903502N
4.	Place Of Passport Issue	: -
5.	Registered Address	: 1078 EUNOS AVENUE 6 #01-168 EUNOS INDUSTRIAL ESTATE SINGAPORE 409634
6.	Mailing Address	: -
7.	Vehicle No.	: GBF3685Z
8.	Effective Date of Ownership	: 29 Sep 2016
9.	Original Registration Date	: 29 Sep 2016
10.	First Registration Date	: 29 Sep 2016
11.	Vehicle Type	: A50 - Goods (Closed) Van/Van Panel (Delivery)
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: NISSAN
17.	Vehicle Model	: NV200 DX-2 1.6 AUTO
18.	Year of Manufacture	: 2016
19.	Primary Colour	: White
20.	Secondary Colour	: -
21.	Passenger Capacity	: 1
22.	Chassis/Trailer Chassis No.	: VM20099743 / -
23.	Propellant/Emission Standard	: Petrol / Euro IV
24.	Engine No./Motor No.	: HR16072640D / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 1597 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 1300
28.	Maximum Laden Weight(kg)	: 1940
29.	Open Market Value	: \$18,799.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: - 1042819053
34.	COE No.	: 2016100105000104C
35.	COE Expiry Date	: 28 Sep 2026
36.	COE Category	: C - Goods Vehicle & Bus
37.	Quota Premium/Prevailing Quota Premium	: \$49,801.00
38.	Actual Quota Premium/PQP Paid	: \$49,801.00
39.	Actual ARF Paid	: \$940.00
40.	CO2 Emission(g/km)	: 173.00
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: 28 Sep 2036
45.	Road Tax Amount	: \$170.00
46.	Road Tax Start Date	: 29 Sep 2016
47.	Road Tax End Date	: 28 Mar 2017
48.	Remarks	: This vehicle requires side marking. To renew the COE, the Prevailing Quota Premium payable is that of Category C.